

### Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

**ACTON** City/Town

## **WPA Form 1- Request for Determination of Applicability** Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A.	General Information				
1.	Applicant:				
	Town of Acton, Recreation Department	cfochtman@	cfochtman@acton-ma.gov		
	Name	E-Mail Address	E-Mail Address		
	472 Main Street				
	Mailing Address				
	Acton	MA	01720		
	City/Town	State	Zip Code		
	978 264 9608	· · · · · · · · · · · · · · · · · · ·			
	Phone Number	Fax Number (if	applicable)		
2.	Representative (if any):				
	Firm				
	Tom Tidman, Natural Resources Director		ttidman@acton-ma.gov		
	Contact Name	E-Mail Address			
	Mailing Address				
	City/Town	State	Zip Code		
	978 264 9631	0.00.0	,p		
	Phone Number	Fax Number (if	applicable)		
<b>B.</b>	Determinations  I request theACTON make the following determination(s). Check any that apply:  Conservation Commission				
	a. whether the <b>area</b> depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.				
	b. whether the <b>boundaries</b> of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.				
	☑ c. whether the <b>work</b> depicted on plan(s) referenced below is subject to the Wetlands Protection Act.				
	d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any <b>municipal wetlands ordinance</b> or <b>bylaw</b> of:				
	Town of Acton, Wetland Protection Bylaw, Chapter F				
	Name of Municipality				
	<ul> <li>e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).</li> </ul>				



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#### C. Project Description

1.	a. Project Location (use maps and plans to ide	entify the location of the area su	location of the area subject to this request):		
	21 Elm Street	Acton			
	Street Address	City/Town			
	E-2	<u>247</u>			
	Assessors Map/Plat Number	Parcel/Lot Number			
	b. Area Description (use additional paper, if necessary):				
	Existing playground (greater than 30 years old) located within existing lawn area within 100' of a				
	wetland.				
	c. Plan and/or Map Reference(s):				
			1987		
	Title		Date		
			January 2007		
	Title		Date		
	Elm Street Playground – Locus Plan		5-1-2008		
	Title		Date		
2.	a. Work Description (use additional paper and	Work Description (use additional paper and/or provide plan(s) of work, if necessary):			
	Plan is to replace the existing playground with r	lan is to replace the existing playground with new playground structures; improvements will be			
	made to the "fall zone" around the structures.				
		<del> </del>			
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C. Project D	escription (	(cont.)
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a R	If this application is a Request for Determination of Scope of Alternatives for work in the iverfront Area, indicate the one classification below that best describes the project.
	Single family house on a lot recorded on or before 8/1/96
Ĺ	Single family house on a lot recorded after 8/1/96
	Expansion of an existing structure on a lot recorded after 8/1/96
	Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
	New agriculture or aquaculture project
	Public project where funds were appropriated prior to 8/7/96
	Project on a lot shown on an approved, definitive subdivision plan where there is a recorded de restriction limiting total alteration of the Riverfront Area for the entire subdivision
	Residential subdivision; institutional, industrial, or commercial project
	Municipal project
	District, county, state, or federal government project
	Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
b a	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification bove (use additional paper and/or attach appropriate documents, if necessary.)



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#### D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:					
Town of Acton					
Name					
472 Main Street					
Mailing Address					
Acton	,				
City/Town					
MA	01720				
State	Zip Code				
Signatures:  I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.					
Steve Ledoux, Town Manager	5/2/0)				
Signature of Applicant	Date				
Tom Tidman, Natural Resources Director					
Signature of Representative (if any)	Date				